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The Influence of Knowledge Management Capabilities on Hospital Services Performance

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***Abstract*—Currently healthcare is one of the main problems in Indonesia, particularly with the primary care provided by hospitals. Problems that often occur at hospitals in Indonesia was shown from the high malpractice rate in Indonesia, this problem made public confidence to the hospital was decline, this is indicated by the increasing number of Indonesian citizens who choose to seek the treatment at th hospital in neighboring countries. The suspected problems r ted to the knowledge management capability of the hospital. This study aims to reveal the role of knowledge management capabilities on the performance of hospital services and provide a prototype system that can improve the knowledge management capabilities of the hospital. The sample for this study are hospitals located in Jakarta. Where the respondent is the head of the hospital. The research method that will be used in this research is qualitative and quantitative method. This research generated a framework strategy to improve knowledge management capability at hospital by looking at factors influencing knowledge management capability of hospital in Indonesia, especially Jakarta.**

Keywords—knowledge management capability, services performance, hospital

I. INTRODUCTION

Healthcare is one of the basic services that constitute a minimum restriction for a nation. Countries that are unable to provide health and education services are deemed to have denied basic universal and human rights obligations [1]. That is why there is a joint movement of all nations in the world facilitated by the United Nations (UN) to run the Millennium Development Goals (MDGs) program which is one of the efforts to combat disease, hunger and some aspects that affect the realization of public health [1]. But on the other side of the World Health Organization (WHO) says that the life expectancy of the Indonesian population continues to increase every year. If the 2010 life expectancy age above 60 years reaches 20.7 million people, then is estimated to rise in 2020 to 36 million people. The increase is predicted to continue grow to reach 71 million people in 2050. According to Nursila Dewi as Communication Officer of WHO Indonesia, the increase of life expectancy for age above 60 years become a trend. The increase is driven by awareness, especially the urban community to maintain health and cheapness of health services.

Along with the growth of life expectancy and attention of the people of Indonesia was increasing. So, the health service institution needs to improve health service and handle the problems that exist in Indonesia, especially medical service in hospital. The WHO Expert Committee stated Organization of Medical Care as "Integral part of the social and medical organization, the function is to provide for the population complete health care, both curative and preventive"(1957). Based on this statement, hospitals play an important role in providing comprehensive medical and non-medical services to residents of a State.

In 2017, the number of hospitals in Indonesia has reached 2,627. This number can continue to grow in line with the economic development in a country based on the opinion of the Head of Public Relations and Information Division of Indonesian Hospital Association (PERSI) Robert Imam Sutedja [2]. In addition, the predicted growth in the number of hospitals in Indonesia is also based on the ratio between the number of residents and beds in hospitals that have not been sufficient. With a population of 246,864,191 inhabitants [3], the number of beds in the hospital is 277,450 based on Ministry of Health data. Based on this adequacy ratio (1: 900), the number of hospitals is predicted to continue to grow. Currently, most of hospitals assessed have good services and become national referral centers located in DKI Jakarta.

The growth of hospitals in Indonesia should certainly be balanced with the growth of healthcare performance in Indonesia, especially the performance of medical services. Because until now still often found defeat in the hospital, generally among other professionalism for providing good quality services, especially patient safety. The number of malpractice complaints is indicative of the performance of hospital services that are still considered low. This becomes a satire for hospitals when assessing the competency of health workers (medical and paramedical) who work in the hospital. From 2006 to 2012, there were 182 cases of medical

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malpractice committed by doctors throughout Indonesia. This malpractice is proven through a trial conducted by the Honorary Council of Indonesian Medical Discipline (MKDKI). And as stated by the Chairman of the Indonesian Association of Specialist Surgical Doctors, Prof. Paul L Tahalele "As a result of malpractice that occurred during this time, there are 29 doctors whose licenses are temporarily removed in six months" [4]. The main cause of malpractice cases in hospitals is due to lack of knowledge of medical personnel in handling medical cases and also for carrying out procedures or medical actions in accordance with existing standards, such as by making informed consent.

Due to the many findings of malpractice cases in Indonesia, this is thought to be the cause of the many Indonesian citizens who choose the treatment abroad. Countries that are the destination of this travel medicine, such as Singapore, Malaysia, Thailand, and China [5]. In addition, the hospital is an organization with solid knowledge, which means the hospital makes the knowledge as a major resource for running medical services. Knowledge is required by medical and paramedical personnel in performing any medical action or procedure, such as initial diagnosis, examination, differential diagnosis, medical support, and final execution. And for carrying out any medical activities is necessary knowledge of best practices and also experience [6]. Based on the theory, the hospital must have explicit knowledge of more than 80% and the rest of tacit knowledge.

For example, organizations utilizing Knowledge Management (KM) as well as Health Canada (2011), Health Canada focus on creates, analysis, shares and applied the knowledge related healthcare to improve the quality of people in Canada, this means that by managing good knowledge, the hospital can achieve better service performance. So far, the management of hospitals in Indonesia focuses only on the aspects of physical facilities and items that are assessed in hospital accreditation (where the knowledge management aspect has not been included in the assessment of hospital accreditation), as evidenced by the preliminary research that the authors did to eight hospitals in Jakarta, where the knowledge management capability is still not assessed. And based on preliminary research data conducted, the current information technology at the hospital only plays a role in the hospital administration aspect and has not focused on the support of medical services. Therefore, the variable characteristics of information technology related to knowledge management capability related to medical services need to be further investigated related to its role to the performance of medical services.

II. Literature Review

This study examines the role of knowledge management capabilities that can provide sustainable competitive advantage so that service performance from the hospital can be achieved. KM is basically a process to optimize the effectiveness of the application of intellectual capital to achieve the goals [7]. And the knowledge management need to focus on processes and people involved in any area of organization and it will help to filter out the most relevant knowledge needed to solve the problems or integrate all processes in organization [8]. Knowledge is fundamental to a competition within the organization [9].

Knowledge management (KM) tries to solve a troublesome paradox for every organization [10]. Knowledge is not only an important asset for the company, but also give the basic competitive advantage to achieve the main goal in organization [6,9]. As we know, the information technology is an important capability of KM infrastructure, it will help to support core knowledge management activities and cycle in organization. Information technology, and based on institutional theory, KM infrastructure and KM process capabilities is the main driver of success in organization [11].

Healthcare according to Abidi [12] is a wealth of knowledge that comes from experience with exponential growth in scientific understanding of disease, treatment, and path of care. Healthcare knowledge is central to correct clinical decision-making and more effective therapeutic acquisition. Healthcare knowledge management is the main activities in organization to focus on creating, sharing, applying, and retaining of healthcare knowledge that can improve the quality of service related patient care. Health services in hospitals must be of high quality. Quality of service or often also called service quality, according to Parasuraman et al [13], it's related how much difference between the reality and expectations of customers for the services they receive or earn.

The proposed theoretical framework is shown in Figure 1.

Fig. 1. Research Model

III. Methods

In accordance with the purpose of research to be achieved, then used two types of research that are descriptive and verification research. Descriptive research aims to obtain a description or characteristics of knowledge and process of knowledge management in the hospital and also description of a variables, in this case the variable are knowledge management capability and hospital services performance. The research method used is explanatory survey with unit of analysis is organizational, that is hospital and observation unit is hospital leaders. The research method was determined the characteristics of variables by examining several samples. Data were collected within a cross-sectional timeframe. And each organization will be examined how the implementation of Knowledge Management to improve service performance of medical personnel and paramedics. And we did literature review from the previous updated journal related knowledge management in hospital [14,15,16,17]

In this study, the population used is a hospital that is included in international accreditation (JCI) and national accreditation, accredited by the Hospital Accreditation Commission (KARS) in Jakarta area. Hospitals in Jakarta are selected as population because the majority of hospitals that are accredited from JCI and from KARS are located in DKI Jakarta compared with the other cities. The total numbers are 190 hospitals (2017). The sample was determined by using purposive sampling technique, the sample was taken based on the subjective consideration of the researchers. Among the cluster hospitals are internationally accredited hospitals, national accredited hospitals, and not accredited by 33 hospital samples. With details: (Internationally accredited hospital: 5 hospitals; National accredited hospitals: 15 hospitals; Not accredited: 13 hospitals)

IV. Results and Discussion

The role of KM capabilities to hospital service performance is 0.463 (significance relationship, T Statistics > 1.96). These results informed that the KM capabilities is implementable and able to create value, it will be able to push for the achievement of hospital service performance. One thing that a hospital can do to improve KM capabilities is to use an Electronic Medical Record (EMR) to support medical records as a complement or substitute for medical records in paper form. Where electronic medical record is used as the information center of an information system at the hospital. But often medical and paramedical workers who provide health services are still hesitant to use this EMR, where until now there is no regulation or legislation that specifically regulates the use of this EMR in Indonesia. But since the existence of the Electronic Information and Transaction Act (ITE law) No. 11 of 2008 in Indonesia has appealed. This law has provided an opportunity in the implementation of Electronic Medical Records.

Actually, before the existence of this ITE law, there is law no. 29 of 2014 which has been offensive in relation to electronic medical records, but this law has not regulated in detail with respect to use it for supporting medical records of medical practice. Similarly, the Regulation of the Minister of Health No.269 / Menkes / PER / III / 2008 on Medical Records, which has not been completely regulated from electronic medical records. Only in Chapter II of article 2, paragraph 1 is explained that "Medical records shall be made in writing, complete and clear or electronically". From the above description it has been revealed that records of patient records are essential for every doctor to perform medical practices (such as diagnosis and patient examination), whether in manual or electronic records.

Meanwhile, when viewed from the analysis of SECI model [18] generated from previous research seen from the perception of medical personnel shows that socialization, externalization, and the combination of medical personnel has not run in hospitals in DKI Jakarta. This shows that the communication process between medical personnel has not run, especially related to the existence of joint activities between medical personnel to interact and communicate between medical personnel. An effective KM system is needed to facilitate the sharing of experience among medical personnel. This interaction among medical personnel will be used as a basis for growing collective knowledge. When viewed from the externalization dimension as described previous research that this dimension relates to the process of documenting knowledge possessed by medical personnel. Therefore basically the hospital needs an integrated information system to be able to document the knowledge of medical personnel and paramedics in a storage repository that holds knowledge related to the competence of medical personnel and paramedics in the hospital based on the history of cases ever handled, the documentation of experience in solving cases medical evidence (evidence based medicine) from medical personnel and paramedics, especially related to knowledge related to medical diagnosis analysis, ISO / MIMS analysis, differential analysis, support medication (specialized medication) and the final stage (medical record reconstruction). Due to the current knowledge of the process of analyzing the cases of patients in the hospital is not documented, where during this documentation conducted by medical personnel related to empirical facts related to the examination of patients and also the results of medical conclusions.

When viewed from the combination dimension, it shows that the process of sharing knowledge between medical personnel has been running for knowledge related to administrative documentation and supporting medical action, while the combination process related to medical activity such as medical diagnosis analysis, examination (ISO / MIMS analysis) the differential diagnosis (symptoms analysis), and the analysis of medical conclusions (symptoms or causal medication) are considered not yet run at the hospital in DKI Jakarta. Therefore, integrated medical information system is one of important effort that need to be implemented by hospital. Internalization dimension is a dimension that has been assessed already running in hospitals in DKI Jakarta, through the provision of medical knowledge sources to medical personnel and paramedics.

But the concern is whether this knowledge has been integrated and verified, so that every stakeholder in the hospital can obtain a valid and reliable knowledge. Because if viewed from the perspective of the SECI concept, it is difficult for an internalization process to work properly, if the socialization and combination processes are not working well. The internalization process requires a 'feeder' or source of knowledge to be internalized. The source can be directly from subject matter expert (SME), or socialization (tacit to tacit), or take from medical documentation (clinical report, medical journal, medical guidebook, etc.), either in the form of a book (offline), or an online database repository.

In addition, this study gives results of the relationship between research variables that show the variables to build the KM capabilities (included social interaction capabilities, the information technology characteristics, knowledge leadership from the previous research result - hypotheses test that we did before) and hospital services performance variable, as shown in Figure 2 below.

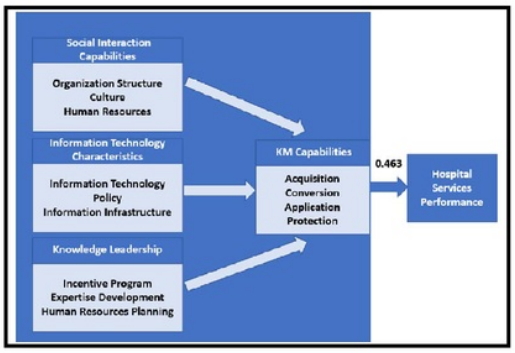

Fig. 2. Relationship between variables

Considering the figure of the relationship between social interaction capability, information technology characteristics, and the knowledge management implemented by hospitals in DKI Jakarta, as well as KM capability built in the effort to achieve hospital service performance, it can be informed that:

1. The role of social interaction capability to the KM capability is greater than the role of knowledge leadership and the characteristics of information technology on the KM capabilities. Because by creating internal knowledge, requires knowledge workers who perform social interactions such as sharing experiences or ideas with all medical personnel and paramedics at the hospital. Sharing experiences or ideas is usually not a natural component of organizational culture at the average hospital in Indonesia, where high work pressures and silos in departments tend to encourage the accumulation of experiences and ideas. In order to encourage the creation of internal knowledge through shared experience, hospitals should implement portfolios to facilitate steps for this interaction, such as incentive programs, skills development, human resource planning, and information infrastructure. With this social interaction is expected to affect the performance of the organization directly, especially the performance of hospital services.
2. The role of knowledge leadership is greater than the role of information technology characteristics to the KM capabilities. Zack defines the leadership of knowledge as "Through the knowledge leadership strategy, it is expected that hospitals can gain competitive advantage through the achievement of service performance" and they are expected to achieve more compared to the characteristics of information technology, where information technology today is considered to be a tool as disclosed by Zack (1999) "resident within people's heads," embedded in behaviors, procedures, software and equipment, recorded in various documents, or stored in databases and online repositories .
3. Dimensions of information technology policy seen from the perception of medical, paramedics and hospital leaders personnel is the lowest dimension for forming information technology characteristics variable when compared with the dimensions of information technology and information infrastructure. This information technology policy covers the use of information technology in hospitals, this is related to electronic medical records, namely: there must be authentication, to be safe, there must be a pin (login and password), and related to accessible aspect. In addition, the presentation of medical record data must meet the requirement of both legality and medical aspect when the hospital implement Hospital Information System.
4. The incentive dimension of the program and the expertise development seen from the perceptions of medical and paramedics personnel is the lowest dimension to forming a leadership variable. This means that organizational leadership has not supported the knowledge management process organized particularly from the support of incentive programs and the development of expertise of medical and paramedical personnel from external experts. Knowledge leadership should also be able to motivate every medical and paramedical worker to share his experience and knowledge. Knowledge leadership can be done by hospital leaders by making medical personnel and paramedics closer to the organization, building mentorship program or community of practice within the hospital. One of the things that the hospital needs to pay attention is to focus on the trust aspect, so that every medical and paramedical person can trust each of the documented knowledge residing in the hospital.
5. Structure dimension is the dimension that is considered to be the lowest in forming the variables of social interaction capability, norms and social relationships embedded in the organizational structure that allows human resources to coordinate and joint actions to achieve the desired goals. Certainly the organizational structure designed by the hospital should be able to facilitate the exchange of knowledge between medical personnel and paramedics. Organizational structure that can support social interaction capability must have knowledge infrastructure in accordance with knowledge taxonomy at the hospital.
6. When viewed in the variables of knowledge management capability indicates that the process of acquisition, conversion, application and knowledge protection have not been able to create value for hospital in DKI Jakarta. Actually, the hospitals in Indonesia, they have not focused on internal knowledge management. Whereas without the ability of good knowledge management, the competitive advantage of hospital in Indonesia will not be achieved optimally. The ability of good knowledge management will help speed up the learning process found in the hospital. With this fast learning process will enable the organization to maintain or increase its knowledge assets, which will ultimately improve the performance of hospital services better than before. Therefore, it is necessary to codify the knowledge that

will be used to generate explicit knowledge for the hospital, if viewed from the standard side, in fact the hospital is the institution that has full standards, from accreditation standards (national and international), laws, medical standards or international medical data dictionaries or HIPAA (Health Insurance Portability and Accountability) privacy laws are regulated, this standard can basically be a reference for the creation of knowledge taxonomy for hospitals. The most appropriate way in this process of codification of knowledge is through the development of the electronic document system (codification, dissemination and reuseable codified knowledge), this codification of knowledge requires the support of system features that include libraries of procedures, policy documents, guidelines, data collection forms, typical cases and outcomes (medical activities). In addition, hospitals should also consider the rewards for those who use or contribute to the hospital database, this is related to knowledge leadership. Before the process of codification of knowledge, the organization must also consider the activities knowledge mapping used to map the list of skills or knowledge possessed by medical and paramedics personnel. In addition to improving the ability of KM in hospitals also needs a personalization strategy, this strategy will be used to develop a network to connect medical and paramedics personnel, so that they can share tacit knowledge. The personalization strategy between medical and paramedics personnel includes several activities such as video conferencing, workshops, regular case meetings, and email discussions. A better personalized knowledge management strategy will support the use of tacit knowledge for decision making. And most importantly for the implementation of knowledge management in hospitals is the emphasis on knowledge management activities as part of routine medical and paramedics personnel at the hospital, not as additional or complementary activities. As previously explained that the tacit and explicit form of knowledge in organizations must complement each other, therefore knowledge management must be focused on developing the most appropriate use of strategies to maximize the use of knowledge to support decision making. Codification knowledge management strategies ensure the reuse of explicit knowledge by capturing, codification, classification, and personalization strategies allowing knowledge to be available to support routine problem solving.

7. Hospital services in DKI Jakarta when viewed from the indicators of reliability, responsiveness, competence, courtesy, credibility, understanding to customer, and security is considered capable of achieving the expected service performance. Although the picture on the performance of hospital services has been regulated by the government through hospital accreditation and also the law, but the lack of hospital participation in accreditation Hospital Accreditation Commission (KARS) indicates weak government supervision. Four groups of accreditation standards that are the measure of hospital performance also do not reflect the seriousness of the government for pushing hospitals as the main health service providers to giving world-class services. One important aspect that should really be the main concern of the government is how to better improve the performance of hospital services not only focus on the physical facilities but also the service process, because when viewed from the ability of KM in the hospital. By improving the quality of health services is expected to reduce public interest to seek treatment abroad. In order to improve the quality of the required standard that can be used as a reference for all hospitals and related stakeholders for performing services in the hospital through the process of knowledge management.

The paradigm shift that develops due to changes in social interaction capability, knowledge and technology leadership has created the need to develop an innovative knowledge-based health system, which can effectively meet the demands of the global health system and also serve patients according to future trends. Hospital management information systems should be developed to support the processing and management of hospital knowledge not only within hospital boundaries, but also outside the boundaries of hospitals, for example telemedicine or e-health. Hospitals and healthcare sectors depend on more knowledge management than other industries because of the overwhelming attention to patient safety. Health knowledge management can be defined as a systematic approach of creation, modeling, sharing, operationalization and translating knowledge to improve the quality of patient care. Efforts to improve patient care have forced hospitals to manage a diverse portfolio of information systems, which may have varying degrees of interoperability.

An effective KM system builds on communication and education and thrives within organizations encouraging learning together inside and outside the hospital. This system stores knowledge as history and knowledge created during the exchange of knowledge among people interested in learning (Figure 7). Knowledge management as a concept that has been pushed to rethink information management and shift focus by trying to develop intelligent systems by developing tools for intelligent people. This will make knowledge management appealing to many hospitals.

The main focus of knowledge management usually on explicit knowledge in organization, so the knowledge management need to focus on managing the tacit knowledge on people and improving the capabilities of employee, especially for soft skills development, e.g. communication to support knowledge transfer and collaboration between employee. Knowledge management can support knowledge cycle in organization by focusing on creating, managing, and sharing of explicit knowledge (reports, policy statements, procedures, practice guides, books, journal articles) and the organization will get the tacit knowledge of employee by

empowering and fostering the employee to sharing knowledge.

Knowledge management in health organizations and especially in hospitals can have a major role of guidance and allocation of human resources, information, tools and appropriate decisions to make along with the conditions and needs of the organization. This can be very useful for achieving the mission and objectives of the organization. This obviously plays a big role for the future of the organization.

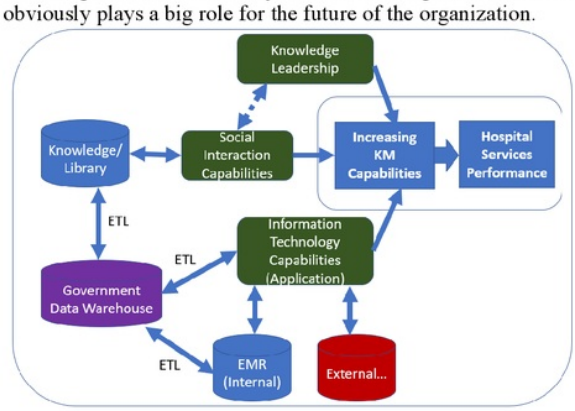

Fig. 3. Strategy Map to Achieves Hospital Service Performance

Based on the image above, it can be described:

a) Achieving hospital service performance consisting of promised service, timeliness of patient service delivery and speed of medical decision-making (responsiveness), knowledge and ability to develop the effectiveness of patient service (competence), polite attitude in working and serving patients (courtesy), honest attitude in working and serving patients (credibility), the handling of advice related to medical services (understanding to customer), security services provided (security) requires knowledge management skills.

b) In accordance with the previous description, the achievement of hospital service performance will be more assured result, if the development of knowledge management capability able to give 2xcellence services, along with value creation from acquisition, conversion, application and protection of knowledge.

V. Conclusion

Based on the results of research, discussion and problem solving that have been described before, then the conclusions: When viewed in the varia2es of knowledge management capability indicates that the process of knowledge acquisition, conversion, application and protection have not been able to create value for hospital in DKI Jakarta. If seen at hospitals in Indonesia, they have not focused on internal knowledge management. Whereas without the ability of good knowledge management, the competitive advantage of hospital in Indonesia will not be achieved optimally. The ability of hospital to create a good knowledge management, will help speed up the learning process found in the hospital. With this fast learning process will enable the organization to maintain or increase its knowledge assets, which will ultimately improve the performance of hospital services better than before.

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